

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			6 5-29-01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	SA	65966	6-8-C1

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	10/23/01
1	
2	✓ ✓ ✓ ✓
3	
4	
5	
6	
7	✓ ✓ ✓
8	✓ ✓ ✓
9	✓ ✓ ✓
10	✓
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16	✓ ✓ ✓
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30	✓ ✓ ✓
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33	✓ ✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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